

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>hmn</i>		<i>8/21/00</i>
O.I.P.E. CLASSIFIER			<i>10 825-00</i>
FORMALITY REVIEW	<i>intake</i>	<i>TC826</i>	<i>07/27/00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
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9	✓	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

**Best Available Copy**